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GROUP ART UNIT: 1617

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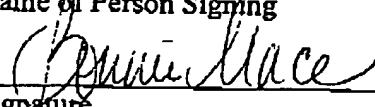
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**REVOCATION OF POWER OF
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10781,254
Filing Date	2/18/04
First Named Inventor	Joel E. Bernstein, M.D.
Art Unit	1617
Examiner Name	Jennifer M. Kim
Attorney Docket Number	41958-102742

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

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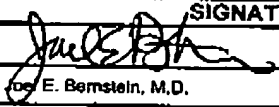
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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Joel E. Bernstein, M.D.		
Date	2/28/06	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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